3. IN THE WAKE OF KNOWLEDGE

James O'Rourke, WHO SMO
Term of Office : 1963-1965

Spectacular ephemeral results are less useful than sound structure and growth. But even this clear, practicable aim demands attention to a myriad details. Supplies must flow regularly, equipment has to be maintained: supervision must be augmented by assessment, feeding back into research...NTI cannot subsist on enthusiasm alone. Possessed by our cause, we must still grasp all its implications.

James O'Rourke
SMO, WHO
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3.1. Challenges during the early period

Knowledge, it is believed, is power. Realistically, what use is knowledge without action? The knowledge the NTI generated was operational. The NTP sought to use it for reducing suffering from TB. Past experience revealed that it is more difficult to change the attitudes and practices of the so called knowledgeable than the naive. The former have something to *"protect"*, therefore, they question more. The latter have nothing to lose. If they are persuaded that something tangible can be gained, they might become willing participants in the change.

If the NTP took roots and developed as planned, the accruing benefits would steadily decrease the burden of TB. This would be truly a monumental achievement with far reaching implications. However, this robust pragmatism had a catch. The burden of pushing the NTP was placed on a few officers located in Delhi or Bangalore. As Dr James O'Rourke who had joined as Senior Medical Officer (SMO), WHO said: *Apart from the considerable experience that it has acquired already in research on operational matters, the NTI is proud also of its awareness that control of TB is like control of other diseases. It requires not a specialised, isolated structure, but an integrated health service. Both for operational enquiries and for the development of the programmes the Institute has the advantage of habitually focussing on one subject whilst being deeply concerned with overall picture*[45].

Obviously, the first job was training of the key personnel running the NTP - health administrators, doctors and other TB workers. Even the highly motivated work force of the NTI found it an uphill task to expose the 'knowledgeable'. The year following the acceptance of NTP, the work of the NTI increased. It had to energise the various state governments : (i) to send key medical and para medical workers for training; (ii) to select districts to function as DTCs; (iii) to train the key personnel managing it; (iv) to interact with the newly implemented DTCs in problem solving exercises; (v) to interact with GOI, UNICEF and WHO in

Mr. AN Shashidhara
Senior Investigator (EPS) &
Chronicler of the "Annals of NTI"

Miss. MA Seetha
Former Asst. Training officer

securing the despatch of equipment and such supplies like: (a) X-ray machines, (b) films, (c) microscopes, and (d) laboratory reagents, which were not yet available in India; (vi) to interact with the concerned agencies for uninterrupted drug supplies etc. This work became a necessary addition to the NTI's primary role in conducting training courses, assessing the performance, and conducting operations research to improve programme efficiency.

In 1963, there were several important administrative changes. Dr DR Nagpaul took over as the Director and Dr Raj Narain resumed his functions as epidemiologist. Mr Stig Andersen, who along with Dr D Banerji had done path breaking work in sociology, went to Manila on a different assignment and Dr James O'Rourke took over from him as SMO. All these men were unsparing in their efforts in pushing NTP, while at the same time recognising the difficulties involved in its working. During the same period, Dr P Chandrasekhar, Dr Pyarelal, Mr VA Menon, X-ray

Engineer, Mr L. P. Subramanian, AO, Ms. MA Seetha, also joined. Ms Seetha worked in various capacities and retired as assistant training officer and was very well-known among trainees.

3.1.1. Issues pertaining to training

For the sixth training course, 85 trainees had arrived from 14 states[46]. The collaborative relationship with the LWSTC was strengthened. There were 1300 patients in its various urban sub-centres and the records and registers were standardised. Officers and staff were active in running all facets of the programme including training. In a year's time, it was hoped that this centre would provide NTI with its first information on the methodology of rendering technical assistance to other district centres and their evaluation. To this end, there had been active support from the state government, DHS and the Superintendent of the LWSTC. The NTI faculty made regular visits. Trainees were taken there on scheduled trips. Often, collaborative studies were taken up. All these helped to maintain the encouraging work atmosphere.

Amidst these activities, the NTI initiated action in improving the content and methodology of

Lady Willingdon State Tuberculosis Centre, Bangalore
Dr. Susai Mary, Med. Superintendent (Inset)

training. The duration of training was reduced from four months to thirteen weeks and was conducted thrice a year. The faculty began to take keen interest in learning by observing successive batches of trainees. Refinement of methodology became a continuous process in which training itself provided the vital feed back. A major deterrent noticed was the language barrier especially among the para medical staff. They had genuine difficulties in accessing information. Firstly, the language of training was English. Since trainees came from different states, English alone or even Hindi, if introduced, would not suffice. The NTI faculty could not be conversant in 19 major languages and hundreds of dialects. Secondly, despite didactic lectures and field demonstrations, there were missing links. The NTP was a system oriented programme in which different constituent activities were interlinked to the envisaged objectives. The basic training philosophy, therefore laid emphasis on the "team concept", rather than the individual. There were always some trainees who would not or could not absorb this concept or develop the knowledge and attitudes required in certain areas. To partially solve this problem and enhance the learning process, a Dummy Programme was started in 1965. Dr Nagpaul himself took an active part, in leading the faculty. His very presence energised everyone. The atmosphere was informal. Lengthy debates were encouraged. So enthused was Dr D Savic, he wrote: *1966 could indeed be described as the year of training*[47].

All these innovations had been steadily gaining international attention. Trainees from other Asian countries arrived. Dr Nagpaul was invited to Singapore to give a series of lectures related to NTP at the International Regional Course on Epidemiology organised by WHO/SEARO. Cooperation was established with the International TB Control Centre, Prague. The Indian Chapter of the International Course in Epidemiology and Control of TB (Prague Course) was inaugurated at the NTI on 16.8.1967 by Sri K

Puttaswamy, Honourable Minister for Health, Mysore State. The Indian Chapter was a continuation course after Prague. The four week premier course was attended by 15 fellows and four observers who came from 14 different countries of the world[48].

3.2. Knowledge as a source of growth

Despite all these developments, problems persisted. The administrative structure, procedures, supply lines, and service conditions of workers constituted the base of the iceberg of programme difficulties. Compared to these, technical problems paled into insignificance.

In 1967, in an important paper, on the District TB Control Programme in concept and outline, Dr Nagpaul elaborated the major constraints: *There may be many possible ways of tackling TB in our vast country. But with the resources we have and the disadvantages shackling us what else could we do but to approach the problem rationally and scientifically, carefully considering to use the facilities that we have disturbing little of? The minimum intervention of the programme perhaps embodies a vital force in breaking the chain of transmission because it seeks to identify the sputum positive TB cases and treat them first on priority. All this requires systematic yet simple work to be done by the concerned and learned and not subjected to individual innovation however ingenious. These ingenuities must wait till this first necessary step is taken by everyone all over India*[49].

The realisation slowly grew that there were several obstacles to the smooth flow of knowledge. The authorities who run the state and those who influence the flow of medical information may not have understood the NTP and the immense benefits it would render. After great deal of deliberations, a proposal to invite the DHS of states to acquaint them of the NTP methodology was deemed necessary. For specialists, a reorientation and briefing course was also instituted which attracted eminent personalities from India and abroad. A proposal was mooted to offer special courses to